



## **Challenge TB - Ukraine**

### **Year 2**

## **Quarterly Monitoring Report October–December 2015**

**Submission date: January 30, 2016**

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*Cover photo: Discussion of multidrug-resistant tuberculosis (MDR-TB) diagnostic results in the level 3 Laboratory, Mykolayivska oblast  
Photo credit: Aleksey Bogdanov*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

### **Disclaimer**

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## 1. Quarterly Overview

Country	Ukraine
Lead Partner	PATH
Other partners	KNCV Tuberculosis Foundation
Work plan timeframe	October 1, 2015–September 30, 2016
Reporting period	October 1–December 31, 2015

This report covers the Challenge TB (CTB) projects' progress and achievements during the first quarter of project Year 2 (October 1–December 31, 2015). During the reporting period, PATH staff collaborated with KNCV Tuberculosis Foundation (KNCV), the United States Agency for International Development (USAID), the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine (UCDC), National Research Institute of TB and Lung Diseases, and partners from Poltavaska and Mykolayivska oblasts to implement the Year 2 work plan. In this period, the project continued to expand and improve a model for a patient-centered approach to multidrug-resistant tuberculosis (MDR-TB) care based on ambulatory treatment and quality improvement of MDR-TB control services, disseminated the approach and gained experience in all regions of Ukraine, conducted assessment of the DR-TB close contacts detection and management process, and began to introduce the new drugs and shortened treatment regimens for MDR-TB treatment with the aim of achieving the project's objective of improved MDR-TB treatment success rates in project oblasts.

### Most significant achievements:

- To ensure timely diagnosis and treatment initiation for potentially missed tuberculosis (TB) cases, the project conducted assessment of the current system of active case finding among close contacts of TB cases. The assessment revealed that the current system is fragmented, not consistent, and not effective in TB case detection: only 0.2 percent of TB cases are detected annually through the contacts investigation system nationwide, and 0.3 percent and 0.5 percent are detected in the project oblasts, Poltavaska and Mykolayivska (compared to the World Health Organization [WHO] average recommended 1 to 5 percent).

Based on the assessment results, the CTB project will lead the development of the strategy for and will support the creation of a holistic consistent system of TB contacts investigation and follow-up in Mykolayivska and Poltavaska oblasts during the following quarters of the year and further recommend it to be adopted by the Ukrainian national TB program (NTP).

- CTB led the development of the MDR-TB patient psychosocial support strategy to ensure treatment adherence at the ambulatory phase in Mykolaivska and Poltavaska oblasts to address treatment adherence barriers. In this process, PATH closely collaborated with the oblast TB dispensaries, partner NGOs, the Red Cross Society, primary health care providers, and other local partners. On October 26–28, 2015, PATH conducted a workshop for developing a patient-support strategy to address structural barriers to treatment adherence identified during the situation analysis. During the workshop, the participants actively discussed identified priority barriers to treatment adherence that can be eliminated by providing psychosocial support to MDR-TB patients, discussed their roles and responsibilities, and agreed on the algorithms of coordinating their efforts. In the reporting period, PATH selected on a competitive basis three local nongovernmental organizations (NGOs) in two project oblasts to provide psychosocial, social, legal, and other support to MDR-TB patients—namely, the charitable organizations Light of Hope in Poltavaska oblast, Initiative for Life and the local charitable foundation Vykhid in Mykolayivska oblast. On December 1, 2015, PATH subcontracted with these

organizations to provide medical and social support to at least 170 MDR-TB patients from Poltavaska and Mykolayivska oblasts at the ambulatory phase of treatment in close collaboration with the oblast TB dispensaries and other key regional TB stakeholders. This support will be provided from December 1, 2015, through November 30, 2016, to support the completion and improve outcomes of MDR-TB treatment; it will include medical, nutrition, transport, legal, and other assistance. Patient selection criteria and the frame of an individual support plan were developed for each selected patient to address his/her individual needs and barriers that threatened the patient's ability to complete treatment and ensure adherence to medication regimes. The three NGOs have started providing ongoing psychosocial, legal, and other support to ensure a patient-centered approach in MDR-TB case management for 45 MDR-TB patients. During the next reporting period, the NGOs will continue recruiting new MDR-TB patients.

- To build capacity of partner NGOs in delivering the appropriate psychosocial support to MDR-TB patients and implementing the patient support strategy, PATH conducted two trainings in "Formation of adherence to treatment among MDR-TB patients at the ambulatory phase through effective counseling and provision of other social and psychological support" for 41 participants overall from Mykolayivska and Poltavaska oblasts (17 and 24, respectively). The trainings were aimed at enhancing the knowledge and skills of the partnering NGO staff on MDR-TB, the patient-centered approach to the MDR-TB case management, effective communication, and counseling. The PATH trainers presented the main social, psychological, legal, and other barriers to MDR-TB treatment adherence that were identified by the situation analysis in the project oblasts. During both trainings, the participants were presented the draft patient-support strategy developed by CTB, reviewed the draft project-related documents (such as an MDR-TB patient's profile and needs questionnaire, an MDR-TB patient's individual plan of psychosocial support, and a consent form for service provision), provided comments, suggested changes, and contributed to developing the final draft of the patient-support strategy. In addition, the training participants considered the primary importance of a team approach to MDR-TB treatment at the ambulatory phase and the role and responsibilities of the multidisciplinary team members when implementing a patient-centered approach to the MDR-TB case management.

The pre- and post-training survey results showed that the initial level of the participants' knowledge on the training topics was rather low; only 45.2 percent correct answers were given by the participants in the pre-training test in Mykolayivska oblast and 51 percent in Poltavaska oblast. However, upon completion of training, the participants provided 91 percent correct answers in the post-training test (improvement of the knowledge level was 45.8 percent) in Mykolayivska oblast and 81.2 percent correct (improvement of the knowledge level was 30.2 percent) in Poltavaska oblast. After the training, the participants were able to apply the acquired knowledge and skills in implementing the patient-support strategy with engagement of all local partners to ensure a patient-centered approach in MDR-TB case management and in addressing the existing barriers to treatment adherence in the project regions.

- During the reporting period, the CTB project conducted an assessment of the readiness and capability of the national TB program to implement new treatment approaches, including new drugs and shorter drug regimens for drug-resistant TB (DR-TB) treatment. Considering the high importance and innovation of this new activity, the joint KNCV-PATH team discussed with national professionals the flow of information, reviewed the national data collection tools and available data, including estimated numbers of DR-TB patients eligible for shortened regimens and in need of regimens containing new drugs, and assessed the existing clinical pathways and access to DR-TB diagnosis and treatment for adults and children. The implementation oblast (Kyivska) was preliminarily selected and submitted for approval to the USAID Mission. An assessment visit to registry, clinical, and laboratory facilities in Kyivska oblast's tuberculosis dispensary (TD) was conducted.

As a result, the assessment team concluded that despite small gaps, the overall readiness of Ukraine's TB program to introduce new treatment approaches is appropriate. The following recommendations and next steps were developed, including creating an operation research (OR) protocol; conducting an introductory workshop; calculating the number of patients involved; designing the shortened and pre-XDR/XDR treatment regimens and enrollment/exclusion criteria based on international evidence/recommendations; taking into consideration the local situation (DR-survey results, access to tests, available drugs, etc.); and "preparing the ground"—that is, providing technical assistance to Kyivska oblast to improve utilization of existing resources.

## **Technical/administrative challenges and actions to overcome them**

### ***Administrative challenges***

The main administrative challenge that slowed down project implementation was the time-consuming procedure of acquiring internal (PATH) and external (PMU) approvals for 3rd tier sub-awards (sub-awards from PATH to local NGOs). In addition, translation from Ukrainian to English was required which also was time-consuming. For these reasons, signing sub-awards with local NGOs was delayed.

To address these challenges, PATH is hiring an additional program assistant to decrease the time needed for paperwork and translation related to all project activities in addition to APA1B assignments.

### ***Technical challenges***

Currently, Ukraine lacks second-line drugs procured by the government. Only about 50 percent of patients on MDR-TB treatment in Ukraine received medicines under the Global Fund grant. The remaining 50 percent should be treated using medicines procured by the NTP. In 2015, the government delayed tenders for drug procurement due to the political turbulence since last year and, as a result, there is a lack of government-procured second-line drugs in the country. Starting in 2016, the governmental procurement will be conducted by international organizations (UNDP, UNICEF, and others); this shift in the system will delay the procurement for at least an additional 6 months. To resolve the problem temporarily, the UCDC discussed with the Global Fund allowing drugs procured under the Global Fund grant to be used for all patients on treatment, including newly diagnosed patients. In other words, the UCDC can allocate drugs procured under the Global Fund to a higher number of patients, which means that Ukraine runs the risk of stockouts if replacement supplies are not received in time. Also, because the supply of drugs from the NTP is erratic, this reallocation may stretch the Global Fund supply thin, creating a risk of treatment interruption for all patients when the Global Fund stock is exhausted.

To address this challenge, the CTB project team had a number of meetings with WHO, the USAID Mission, other stakeholders, and NTP to clarify when the drug procurement might happen. The CTB project suggested speeding up the introduction of the shorter treatment regimens to help to economize the available drug stock to be used for more patients.

Given that the procurement problems happened above the NTP level, the CTB project continues to closely monitor the situation to ensure that drugs are available for the full treatment course for newly enrolled patients.

## 2. Year 2 activity progress

### Sub-objective 1. Enabling environment

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Oct–Dec 2015		
Selection and assessment of new project oblast	1.4.1	N/A	N/A	Mission conducted	Mission report prepared		<b>NA</b>	<b>Planned for Q3</b>
Mentoring implementation of the developed algorithm of MDR-TB outpatient case management	1.4.2	2 roundtables (RT) (1 per oblast)	N/A	2 RT (1 per oblast)	N/A	2 RT conducted: on Dec 15 in Poltavaska oblast and on Dec 21 in Mykolayivska oblast	<b>Met</b>	
Provide technical assistance (TA) to the national TB control program in scaling up of the developed ambulatory care algorithm of MDR-TB case management	1.4.3	N/A	Meet with partners	Draft dissemination package prepared	Dissemination package prepared; webinar conducted		<b>NA</b>	<b>Planned for Q2</b>

### Sub-objective 3. Patient-centered care and treatment

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Oct–Dec 2015		
Assess and strengthen active case finding (ACF) among close contacts including family members, children	3.1.1	Assessment conducted	2 RT conducted	Recommendations developed and disseminated at 2 workshops	Report on monitoring of recommendations implementation	Assessment questionnaire for close contacts developed and assessment conducted; draft report prepared	<b>Met</b>	
Carryover APA1B 3.2.1: Provision of support to MDR-TB patients to ensure patient-centered	3.2.1	Subcontracts issued	Monitoring visit conducted	Midterm reports from NGO(s) on	Summary reports from NGO(s)	NGOs in project oblasts selected; subcontracts issued and signed in	<b>Met</b>	

approach in MDR-TB care				work conducted	prepared	November; implementation started		
Continue: support of Ukrainian Red Cross (URC) to ensure treatment adherence and completion	3.2.2	Subaward to URC issued	Monitoring visit conducted	Midterm report from URC on work conducted	Reports from URC analyzed and summary report prepared		<b>Not met</b>	The Year 1 subaward was prolonged until the end of December due to the long initial approval and thus this activity was postponed to the project's Quarter 2.
Implementation of clinical guideline for side-effects management for TB, DR-TB patients	3.2.3	- 1 workshop - Procurement of supplies	- 1 webinar - Printing done	1 workshop	2 mentoring site visits conducted	2 audiographers procured for Poltavaska and Mykolayivska oblasts; the need of essential lab supplies collected and procurement started	<b>Partially met</b>	Workshop postponed due to a delay with Ministry of Health (MOH) approval of the guidelines
Carryover APA1B 3.2.2: Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	3.2.4	Strategy developed	N/A	N/A	N/A	Strategy developed and implementation started	<b>Met</b>	
Carryover APA1B 3.2.3: Build capacity of local NGOs	3.2.5	2 trainings conducted	N/A	Workshop conducted	Workshop conducted	Two trainings on December 16–18 in Mykolayivska oblast and December 21–23 in Poltavaska oblast conducted for 41 participants total	<b>Met</b>	
Assessment of the M/XDR-TB situation, preparedness of the NTP for implementation of shortened regimens and new drugs	3.2.6	Assessment report of the M/XDR-TB situation; prepared-	N/A	N/A	N/A	On October 19–22 PATH and KNCV consultant Gunta Dravniece conducted assessment; report prepared	<b>Met</b>	

		ness of the NTP for implementation of shortened regimens and new drugs						
Development of operational research (OR) protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	3.2.7	N/A	<ul style="list-style-type: none"> <li>- Optimized diagnostic algorithm for early diagnosis of M/XDR-TB drafted</li> <li>- Standard operating procedures (SOPs) for patient selection and management</li> </ul>	OR protocol on shortened regimens and new TB drugs approved by MOH and ethics committee	N/A		<b>NA</b>	<b>Planned for Q2</b>
Development of system for link between laboratory, clinicians, register, and SES in pilot sites	3.2.8	N/A	1 meeting on introduction of SOPs	1 meeting on introduction of SOPs	Linking system between laboratory, clinicians, register, and SES in pilot sites is developed and set		<b>NA</b>	<b>Planned for Q2</b>
Training for clinical, laboratory, PV, and SES personnel in pilot sites	3.2.9	N/A	Training arrangements started: participants defined, training materials, etc.	Trainings for clinical, laboratory, PV, and SES personnel in pilot sites	N/A		<b>NA</b>	<b>Planned for Q2</b>



Patient selection, enrollment, and monitoring for treatment with shortened MDR-TB regimens and new drugs	3.2.10	N/A	N/A	TA to pilot oblast in applying patient selection and enrollment procedures	Enroll 20 MDR-TB patients for shortened regimens and 5 pre/XDR-TB patients with new drugs		<b>NA</b>	<b>Planned for Q3</b>
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#### Sub-objective 5. Infection control

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
TA to implementation of infection control (IC) plan measures	5.1.1	N/A	- 2 workshops - Procurement done - Draft materials developed	- Materials pretested	- Materials printed and disseminated		<b>NA</b>	<b>Planned for Q2</b>

#### Sub-objective 7. Political commitment and leadership

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
National TB Control program development for (NSP) 2017-2021  Based on discussion with NTP and USAID, Year 1 activities 7.1.1 and 7.1.2 are combined into 7.1.1 in Year 2 (including KNCV activities carryover).	7.1.1	Workshop on MDR-TB scale-up plan development conducted	Draft NSP prepared	N/A	New NSP developed	The concept of NSP was discussed at the Roundtable that was conducted within the Joint National Meeting of WHO and other international TA TB projects on November 26-27. The MOH order on creation of the national working	<b>Partially met</b>	The NSP development (and the workshop) were postponed due to the NTP decision to the project Q2 (first quarter of 2016).

NTP requested CTB to lead the development of the MDR national scale-up plan as part of the NSP.						group for NSP development was issued: 2 CTB representatives were included in the working group.		
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#### Sub-objective 11. Human resource development

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Oct–Dec 2015		
Training on MDR-TB case management for TB providers	11.1.1	N/A	Training conducted	N/A	N/A		<b>NA</b>	<b>Planned for Q2</b>
Training for primary health care providers in MDR-TB case management at ambulatory stage	11.1.2	N/A	2 trainings conducted	2 trainings conducted	N/A		<b>NA</b>	<b>Planned for Q2</b>
Annual dissemination event with non-project oblasts participation	11.1.3	Meeting conducted	N/A	N/A	N/A	Joint national meeting of WHO and other international TB projects was conducted with participation of the representatives of all oblasts of Ukraine on November 26–27. PATH and Poltava oblast partners made presentations on the ambulatory MDR-TB care approach, algorithm and implementation experience, and lessons learned.	<b>Met</b>	

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
<b>Joint TB/HIV Grant (3 PRs)</b>	<b>B1</b>	<b>B1</b>	<b>US\$133,508,128</b>	<b>US\$40.6 m</b>	
PR: INTERNATIONAL HIV/AIDS ALLIANCE, UKRAINE	n/a	n/a	US\$68,799,281	US\$23,315,213	
PR: ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS	n/a	n/a	US\$60,406,308	US\$16,393,763	
PR: UKRAINIAN CENTER FOR SOCIALLY DANGEROUS DISEASE CONTROL OF THE MINISTRY OF HEALTH (UCDC)	B1	B1	US\$4,302,539	US\$903,266	

\* Since January 2010

#### In-country Global Fund (GF) status—key updates, current conditions, challenges, and bottlenecks

Ukraine is currently implementing a joint TB and HIV grant for 2015–2017, which combines the activities included in an HIV Round 10 proposal and a TB Round 9 proposal. The grant is being managed by three principal recipients: the UCDC of the Ukraine MOH, the All-Ukrainian Network of People Living with HIV/AIDS (PLWHA Network), and the International HIV/AIDS Alliance in Ukraine.

The single TB and HIV concept note 2015–2017 focuses on the further alignment of HIV and TB in relation to leadership and governance, financing, information systems, the health workforce, service delivery, and community systems. It includes interventions for the provision of defined service packages for injecting drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM), and prisoners; HIV testing and counseling; condom programs; HIV treatment, care, and support; and MDR-TB treatment.

The proposed concept note is expected to partially fill the weaknesses and gaps of the state-funded National AIDS Program 2014–2018 and the NTP 2012–2016. The goal of the three-year grant is to contain the TB and HIV epidemics and reduce TB- and HIV-related morbidity and mortality in Ukraine. Given the concentrated nature of the TB-HIV epidemic, the focus is on IDUs, CSWs, MSM, and the transgender population; TB-infected people and their contacts; people living with HIV/AIDS (PLHA) and the sexual partners of most-at-risk populations (MARPs); PLHIV; and the prison population.

Thus, the concept note states the following three objectives for the proposed program:

1. To scale up and ensure equitable access to high-quality TB and HIV prevention, treatment, care, and support with a focus on key affected populations (MARPs, PLWHA, and other people most affected by the HIV and TB epidemic).
2. To strengthen the health system toward sustainable and integrated solutions for key populations most affected by the HIV and TB epidemic.
3. To strengthen community systems that enable needs-based, cost-effective, and integrated interventions for key populations most affected by the HIV and TB epidemic.

Integration of TB services into the primary health care system is not included in the grant, and the comprehensive ambulatory case management approach will not be directly strengthened under this grant.

To ensure support to patients for TB treatment adherence, two grant sub-recipients have been identified and approved: the PLHIV Network, to support patients with drug-sensitive TB, and the Ukrainian Red Cross, to support patients with MDR-TB. MDR-TB patients receiving treatment under the Global Fund grant (approximately 50 percent of all MDR-TB patients) will be supported by the Ukrainian Red Cross. Patients with drug-sensitive TB will be supported by the PLHIV Network. The State Penitentiary Service of Ukraine was approved as the sub-recipient for TB case management activities in prisons, as it was defined in the grant concept note.

Currently the rating of the grant is B1.

### **Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period**

The CTB project team participated in a number of meetings and consultant communications with the UCDC (Global Fund principal recipient) during the reporting period. The purpose was to ensure coordination of project activities with NTP priorities, and with national- and regional-level interventions, under the Global Fund grant to avoid duplication of efforts and overlapping of activities.

CTB also coordinated a project training plan to support the Global Fund grant vision of capacity-building and training for TB providers. In addition, the CTB project provided the developed MDR/XDR-TB training curriculum for Global Fund PRs and implementing partners; this curriculum has been used for training events.

At the regional level, the CTB project monitored the support provided to drug-sensitive TB patients by regional PLHIV Network organizations. The Global Fund grant funds these organizations with the goal of improving and ensuring treatment completion. CTB noted gaps in the quality and reach of support and shared this concern with the UCDC. In particular, very few patients are actually being supported and, although TB drugs are distributed, DOT is not always ensured. Finally, the CTB project team conducted meetings with Ukrainian Red Cross regional units and TB Services to discuss the selection of patients participating in MDR-TB activities to avoid overlapping with the Global Fund grant. As was reflected in the plan, the CTB project supports MDR-TB patients who receive treatment with NTP-procured drugs through the Red Cross. Thorough selection of patients is conducted and monitored to avoid duplication with the GF-supported patients.

#### 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Access to treatment for XDR-TB patients
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
<b>Brief description of story idea:</b>	XDR-TB patients who currently have no access to treatment (only palliative care according to the National Protocol) will get a chance to be cured due to the introduction of the new TB drugs within the CTB Project.
<b>Status update:</b>	

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second-line treatment in country (national data)**

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	6,055	3,870	Data for 2010-2014 are as reported to WHO. <a href="http://apps.who.int/gho/data/node.main.MDRTB?lang=en">http://apps.who.int/gho/data/node.main.MDRTB?lang=en</a> Data for 2015 withdrawn from NTP statistic and ERR system is not final. The official NTP data for the period Jul–Sept 2015 is just under collection and will be available in February. 2015 data will be complete in April 2016.
Total 2011	4,530	4,957	
Total 2012	7,615	7,672	
Total 2013	10,585	9,000	
Total 2014	7,735	8,201	
Jan–Mar 2015	2,172	2,035	
Apr–Jun 2015	2,198	2,158	
Jul–Sep 2015	2,292	2,278	
Oct–Dec 2015	2,416	2,398	
Total 2015	9,078	8,869	

**Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area ( <i>List each CTB area below - i.e. Province name</i> )						Data for the period Oct-Dec 2015 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period.
	Poltavska oblast	282					
	Mykolayivska oblast	330					
	TB cases (all forms) notified for all CTB areas	612					
	All TB cases (all forms) notified nationwide (denominator)	8,584					
	% of national cases notified in CTB geographic areas	7%					
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						Data for the period Oct-Dec 2015 is incomplete.
	Poltavska oblast	8					
	Mykolayivska oblast	7					
	TB cases (all forms) notified from this intervention	15					
	All TB cases notified in this CTB area (denominator)	612					
	% of cases notified from this intervention	2.5%					

## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Ieva Leimane	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-22, 2015	11	
2	KNCV	Svetlana Pak	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-21, 2015	10	
3	KNCV	Gunta Dravniece	*				National TB Control program development for (NSP) 2017 – 2022	Pending			The NSP development was postponed by NTP to January – April 2016
4	KNCV	Gunta Dravniece	*				Assessment of the M/XDR-TB situation, preparedness of the NTP for implementation of shortened regimens and new drugs	Complete	Oct 18-22, 2015	4	
5	KNCV	Gunta Dravniece		*			Development of operational research protocols for introduction of shortened MDR-TB	Complete	Nov 30 – Dec 3, 2015	3	



						treatment regimens and regimens containing new drugs				
6	KNCV	Gunta Dravniece		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Choose an item.			
7	KNCV	Maria Idrissova		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Choose an item.			
8	KNCV	Sandra Kik		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Choose an item.			
9	KNCV	Maria Idrissova		*		Development of system for link between laboratory, clinicians, register and SES in pilot sites	Choose an item.			
10	KNCV	Maria Idrissova			*	Training for clinical, laboratory, PV and SES personnel in pilot sites	Choose an item.			
11	KNCV	Sandra Kik			*	Training for clinical, laboratory, PV and SES personnel in pilot sites	Choose an item.			
12	KNCV	Gunta Dravniece			*	Training for clinical, laboratory, PV and SES personnel in pilot sites	Choose an item.			
13	KNCV	Ieva Leimane			*	Training for clinical, laboratory, PV and SES	Choose an item.			

							personnel in pilot sites				
14	KNCV	Gunta Dravniece				*	Patient selection, enrollment and monitoring for treatment with shortened MDR-TB regimens and new drugs	Choose an item.			
15	PATH	Lal Sadasivan	*				National TB Control program development for (NSP) 2017 – 2022	Pending			Trip was postponed to March due to the delay in the NSP development.
16	PATH	Amie Bishop				*	Provide TA to the national TB control program in scaling up of the developed ambulatory care algorithm of MDR-TB case	Choose an item.			
17	KNCV	Gunta Dravniece				*	Technical support	Choose an item.			
18	PATH	Katya Gamazina	*				TB Union Conference	Complete	Nov 27 – Dec 8, 2015	11	
19	PATH	Alexey Bogdanov	*				TB Union Conference	Complete	Nov 27 – Dec 8, 2015	11	
20	PATH	NTP Staff	*				TB Union Conference	Complete	Nov 30 – Dec 8, 2015	8	
21	PATH	Katya Gamazina			*		TB Conference	Choose an item.			
22	PATH	Alexey Bogdanov			*		TB Conference	Choose an item.			
23	PATH	Local partner, TBD			*		TB Conference	Choose an item.			
24	PATH	Local partner, TBD			*		TB Conference	Choose an item.			
25	PATH	Katya Gamazina			*		Management meeting with KNCV	Choose an item.			
26	PATH	Alexey Bogdanov			*		Management meeting with KNCV	Choose an item.			

27	PATH	Anton Khorkov			*		Management meeting with KNCV	Choose an item.			
Total number of visits conducted (cumulative for fiscal year)								7			
Total number of visits planned in approved work plan								27			
Percent of planned international consultant visits conducted								26%			

## 7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	by project site	annually	2	3	Measured annually	
1.4.8. UKRAINE SPECIFIC: Algorithm of MDR-TB out-patient case management developed	by project site	annually	Yes (in 1 site)	Yes (in 2 sites)	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	by project sites	quarterly	National: 30,236 (271 among contacts) Poltavska obl – 1,043 (3 among contacts), Mykolayivska obl- 936 (9 among contacts) (2014, NTP )	Poltavska obl - 5 among contacts Mykolayivska obl - 12 among contacts	Poltavska obl – 282 (8 (2.8%) among contacts), Mykolayivska obl – 330 (7 (2.1%) among contacts)	Data for the period Oct-Dec 2015 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period
3.1.4. Number of MDR-TB cases detected	by project sites	quarterly	National: 7,855 MDR-TB Poltavska obl - 414, Mykolayivska obl - 360 (2014, NTP)	Poltavska obl - 370, Mykolayivska obl - 400	Poltavska obl – 86, Mykolayivska obl - 124	Data for the period Oct-Dec 2015 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period
3.2.4. Number of MDR-TB cases initiating second-line	by project sites, by regimens	quarterly	National: 7540, Poltavsk obl - 275, Mykolayivska	Poltavska obl - 300, Mykolayivska obl- 350	Poltavska obl – 83, Mykolayivska obl – 122	Data for the period Oct-Dec 2015 is incomplete. Data source is ERR system. According to the

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
treatment	(short and containing new drugs)		obl- 313 (2014, NTP)	by regimens: 20 for shortened regimens, 5 pre/XDR patients with new drugs		collection cycle, this data will be complete in more than three months period
3.2.7. Number and percent of MDR-TB cases successfully treated	by project sites	annually	National: 1909 (34%) Poltavska obl - 102 (53%), Mykolayivska obl- 41 (37%) (2014, NTP cohort 2012)	Poltavska obl – 102 (55%), Mykolayivska obl- 138 (42%)	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	by project sites	quarterly	Poltavska obl - 64%, Mykolayivska obl- 63% (2014, NTP)	Poltavska obl - 65%, Mykolayivska obl- 65%	Poltavska obl - 41%, Mykolayivska obl- 49%	Data for the period Oct-Dec 2015 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period.
3.2.24. % MDR patients who receive social or economic benefits	APA1B: type of support, by project sites	annually	0	20%	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.1. Status of TB IC implementation in health facilities	by project sites	annually	2	2	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented;	National	annually	0	2	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented						

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	by project sites, gender and TA	quarterly	80	100	0	CTB project did not plan trainings for HCW in the reporting period
11.1.5. % of USAID TB funding directed to local partners	National	annually	4	9	Measured annually	

# Challenge TB Quarterly Financial Report

## Challenge TB Quarterly financial report

Country	Ukraine
Lead partner	PATH
Other partners	KNCV

Period:	Oct 2015 - Dec 2015
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Total received obligation Year 1 + Year 2	2.265.000
Total budgeted Year 1 + Year 2	3.500.042
Funds to be programmed	-1.235.042

Additional obligation of \$ 1,235,000 for Year 2 not yet received and still to be expected from USAID/W

### Year 2

Partner	Approved budget	Previously reported expenditures	Reported expenditures this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
KNCV	174.399	-	37.760	-	37.760	136.639	22%
ATS	-	-	-	-	-	-	0%
FHI360	-	-	-	-	-	-	0%
IRD	-	-	-	-	-	-	0%
MSH	-	-	-	-	-	-	0%
PATH	1.259.350	-	333.844	-	333.844	925.506	27%
The Union	-	-	-	-	-	-	0%
WHO	-	-	-	-	-	-	0%
ACF	116.250	-	29.063	-	29.063	87.187	25%
<b>TOTAL</b>	<b>1.550.000</b>	<b>-</b>	<b>400.667</b>	<b>-</b>	<b>400.667</b>	<b>1.149.333</b>	<b>26%</b>

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
Salary and wages	715.267	-	151.907	-	151.907	563.360	21%
Fringe benefits	251.605	-	28.531	-	28.531	223.074	11%
Travel and transportation	121.880	-	26.693	-	26.693	95.187	22%
Equipment	4.500	-	-	-	-	4.500	0%
Supplies	35.929	-	6.013	-	6.013	29.917	17%
Contractual	170.000	-	36.054	-	36.054	133.946	21%
Other Direct Costs	311.554	-	33.139	-	33.139	278.415	11%
Indirect costs	476.909	-	89.267	-	89.267	387.642	19%
ACF	116.250	-	29.063	-	29.063	87.187	25%
Accruals	-	-	-	-	-	-	-
Carry Over	-653.895	-	-	-	-	-653.895	-
<b>TOTAL</b>	<b>1.550.000</b>	<b>-</b>	<b>400.667</b>	<b>-</b>	<b>400.667</b>	<b>1.149.333</b>	<b>26%</b>

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
1. Enabling environment	119.674	-	71.931	-	71.931	47.743	60%
2. Comprehensive, high quality diagnostics	-	-	-	-	-	-	0%
3. Patient-centered care and treatment	918.879	-	163.784	-	163.784	755.096	18%
4. Targeted screening for active TB	-	-	-	-	-	-	0%
5. Infection control	76.707	-	1.112	-	1.112	75.595	1%
6. Management of latent TB infection	-	-	-	-	-	-	0%
7. Political commitment and leadership	66.224	-	-	-	-	66.224	0%
8. Comprehensive partnerships and informed community involvement	-	-	-	-	-	-	0%
9. Drug and commodity management systems	-	-	-	-	-	-	0%
10. Quality data, surveillance and M&E	-	-	-	-	-	-	0%
11. Human resource development	84.622	-	3.780	-	3.780	80.842	4%
12. Technical supervision	48.504	-	-	-	-	48.504	0%
Staffing and operations	773.035	-	130.998	-	130.998	642.036	17%
ACF	116.250	-	29.063	-	29.063	87.187	25%
Accruals	-	-	-	-	-	-	-
Carry Over	-653.895	-	-	-	-	-653.895	-
<b>TOTAL</b>	<b>1.550.000</b>	<b>-</b>	<b>400.667</b>	<b>-</b>	<b>400.667</b>	<b>1.149.333</b>	<b>26%</b>

Budget category	Approved budget	Previously reported	Reported this quarter	Accruals this quarter	Total expenditures	Remaining funds	% level of spending
HQ costs	428.250	-	66.646	-	66.646	361.604	16%
Local costs	1.775.645	-	334.021	-	334.021	1.441.624	19%
Accruals	-	-	-	-	-	-	-
Carry Over	-653.895	-	-	-	-	-653.895	-
<b>TOTAL</b>	<b>1.550.000</b>	<b>-</b>	<b>400.667</b>	<b>-</b>	<b>400.667</b>	<b>1.149.333</b>	<b>26%</b>





